



HUDSON

MASSACHUSETTS

Active Employee - premiums FY25 (July 1, 2024 thru June 30, 2025)

TOWN DEPT WEEKLY DEDUCTIONS

Health Insurance					
Blue Care Elect \$300/ \$900 Deductible (PPO)			Town Share		Employee Share
Plan	Total	Employer Share 55%	Weekly	Employee Share 45%	Weekly
Individual	\$1,245.36	\$684.95	\$158.07	\$560.42	\$129.33
Family	\$3,203.15	\$1,761.74	\$406.56	\$1,441.42	\$332.64
Network Blue NE \$300/ \$900 Deductible (HMO)					
Plan	Total	Employer Share 62.50%	Weekly	Employee Share 37.50%	Weekly
Individual	\$1,037.07	\$648.17	\$149.58	\$388.91	\$89.75
Family	\$2,667.23	\$1,667.02	\$384.70	\$1,000.22	\$230.82
Network Blue Select \$300/ \$900 Deductible (HMO - limited network)					
Plan	Total	Employer Share 62.50%	Weekly	Employee Share 37.50%	Weekly
Individual	\$902.26	\$563.92	\$130.14	\$338.35	\$78.08
Family	\$2,320.49	\$1,450.31	\$334.69	\$870.19	\$200.82

SCHOOL DEPT BI-WEEKLY DEDUCTIONS

Health Insurance					
Blue Care Elect \$300/ \$900 Deductible (PPO)			Town Share		Employee Share
Plan	Total	Employer Share 55%	Bi-Weekly	Employee Share 45%	Bi-Weekly
Individual	\$1,245.36	\$684.95	\$316.13	\$560.42	\$258.66
Family	\$3,203.15	\$1,761.74	\$813.11	\$1,441.42	\$665.27
Network Blue NE \$300/ \$900 Deductible (HMO)					
Plan	Total	Employer Share 62.50%	Bi-Weekly	Employee Share 37.50%	Bi-Weekly
Individual	\$1,037.07	\$648.17	\$299.16	\$388.91	\$179.50
Family	\$2,667.23	\$1,667.02	\$769.40	\$1,000.22	\$461.64
Network Blue Select \$300/ \$900 Deductible (HMO - limited network)					
Plan	Total	Employer Share 62.50%	Bi-Weekly	Employee Share 37.50%	Bi-Weekly
Individual	\$902.26	\$563.92	\$260.27	\$338.35	\$156.17
Family	\$2,320.49	\$1,450.31	\$669.38	\$870.19	\$401.63

Dental Insurance - 100% employee paid

NEW

Dental Blue Freedom - 100/ 80/ 50; \$50/ \$150 Ded. \$1,000 CYM			
	Total	Weekly	Bi- Weekly
Individual	\$42.98	\$9.92	\$19.84
Family	\$111.13	\$25.65	\$51.29
Value Plan			
	Total	Weekly	Bi- Weekly
Individual	\$23.40	\$5.40	\$10.80
Family	\$59.94	\$13.84	\$27.67

Vision Insurance - 100% employee paid

NEW

Blue 20/20			
	Total	Weekly	Bi- Weekly
Individual	\$4.97	\$1.15	\$2.30
Individual & spouse	\$8.46	\$1.96	\$3.91
Individual Plus one or more Children	\$8.71	\$2.01	\$4.02
Family	13.68	3.16	6.32